

DUE MAY 9TH



Leader Registration Form

Leader Name: _____ M ___ F ___ Age: _____

I'll be staying overnight: Y / N Roomate: _____ T-shirt Size: _____

Home Church: _____

Phone (Home) _____ (*Cell) _____

*(Required for workteam info)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Medical Concerns/Allergies: _____

Immunizations are up to date: Yes ___ No ___ If No is checked please explain: _____

Food Allergies/Dietary Concerns: _____

I, the undersigned leader, do hereby give permission to Summer of Service Student Weekend ("SOS") and its representatives to obtain any necessary medical treatment for me, in case of injury and/or unconsciousness, during the conduct of any program, ministry, or activity sponsored by SOS. In case of injury I authorize SOS personnel to transport me to obtain appropriate medical care. I give permission for the physician or other medical personnel to hospitalize, secure appropriate treatment for, to order injection, anaesthesia, x-rays, imaging, surgery, or other treatment or procedures deemed necessary for me. I agree to pay for all costs associated with said medical treatment. **I give written permission to receive over the counter medication if needed (most commonly, but not limited to Tylenol, Ibuprofen, antacids, Benadryl, cortisone topical creams, and cold remedies) for the relief of mild aches and pains.** For and in consideration of SOS allowing me to participate any SOS event, the undersigned, for himself/herself, assigns, heirs, and next of kin ("Releasers"), release, waive, discharge, and covenant not to sue SOS or their employees, officers, members, elders or agents ("Releasees"), on account of injury or death to me or injury to my property, whether caused by the negligence of the Releasees or otherwise, while my child is participating in a SOS event. I am responsible for becoming fully aware of the risks and other hazards inherent in the SOS events in which I may participate. Understanding this obligation, I will participate in SOS events, and I voluntarily assume all risks involved in the SOS events and all other risks of loss, damage, or injury that may be sustained while participating in a SOS event.

Insurance Co.: _____ Policy #: _____ ID #: _____

Family Dr.: _____ Phone #: _____

Food Allergies/Dietary Concerns: _____

Have you participated in SOS before? ___ Years I've attended SOS: ___

Circle the areas you'd be willing to help with:

- | | | |
|----------------|----------------------------|--|
| All | Work Team Co-Leader | Registration |
| Lunch Delivery | Meal Crew | Clean Up (late night) |
| First Aid Help | Gym Chaperone (late night) | Miscellaneous (I have a flexible schedule) |

Do you have experience driving a 12-15 passenger van? Y/N Bus (cdl required) Y/N

Are you willing to drive a 12-15 passenger van during SOS Student Weekend? Y/N
(Please include a copy of your driver's license if you are willing to drive.)

***Leaders Remember:** Mark your calendars for June 26th, we'll have a leaders meeting at Bethel College, in Wiekamp (or the old gym) at 7pm.